PTO/SB/21 (10-07 Approved for use through 10/31/2007. OMB 0651-0031/ U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ection of information unless it displays a valid OMB control number. Reduction Act of 1995, no persons are required to respond Application Number 10/689,323 TRANSMITTAL Filing Date October 20, 2003 First Named Inventor **FORM** Cunnagin et al. Art Unit 2625 **Examiner Name** Chad S. Dickerson (to be used for all correspondence after initial filing) Attorney Docket Number 2002-0611.02 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
\checkmark	Fee Trans	smittal Form		Drawing(s)			After Allowance Communication to TC		
	√ F	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Commissioner is hereby authorized to charg (including the fee for any extension of time), or to Deposit Account No. 20-0809.						
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Fees pursuant to the Consolidated A	Application Number 10/689,323					
FEE TRA	Filing Date	Oc	tober 20, 2003	3		
For F	First Named Inventor Cunnagin et al.					
	050407	Examiner Name Chad S. Dickerson			on	
Applicant claims small entity	CFR 1.27	Art Unit 2625				
TOTAL AMOUNT OF PAYMENT	r (\$)	100.00	Attorney Docke	t No. 20	02-0611.02	
METHOD OF PAYMENT (ch	eck all that ap	ply)				
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information and authorization on PT FEE CALCULATION	O-2038.					
1. BASIC FILING, SEARCH,	AND EXAMIN	IATION FEES				
Application Type Fe Utility 3:	LING FEES Small Ent e (\$) Fee (\$) 10 155	SEAF tity ! Fee (\$	255	Fee (\$)	105	Fees Paid (\$)
8	10 105	100	50	130	65	
	10 105	310	155	160	80	
	10 155	510	255	620	310	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (inclu Each independent claim o Multiple dependent claims Total Claims 22 - 20 or HP = HP = highest number of total claims Indep. Claims - 3 or HP = HP = highest number of independe 3. APPLICATION SIZE FEE If the specification and draw listings under 37 CFR 1 sheets or fraction thereo Total Sheets Extr	ver 3 (includings) ra Claims 2	reg Reissues) Fee (\$)	e due is \$260 (\$130 for si 16(s). or fraction	Fee (\$) ally filed seque mall entity) for thereof Fee	
4. OTHER FEE(S) Non-English Specificatio					, <u></u>	Fees Paid (\$)
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